



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name O H METELS				Location 1002 OSWEGO ST. UTICA NY		Date 12/3/86											
Facility Equipment	Detox Clock	Weapon No.	Holster	Nightstick	Raiscoat	Flashlight	Other												
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) OTC. DEIVECCHIO			Officer—Swing Shift (Name) KOKOSZKI			Officer—Grave Shift (Name) COATES										
Shift			Shift			Shift			Shift										
Began 8 @ PM Ended 8 AM			Began 4 AM Ended 12 M			Began 12 @ PM Ended 8 @ PM													
Observations or actions taken	Yes	No	Explanation			Yes	No	Explanation			Yes	No	Explanation						
Rounds or stations missed		<input checked="" type="checkbox"/>	see remarks				<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
Unlocked vaults or safes		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
Fire-smoke or hazards		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
2. Sprinkler system defective		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
4. Rubbish accumulation		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
5. Motors running		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
6. Lights left burning		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
Injury hazards		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
Visitors	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
Trespassing		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
Violation of company rules		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							
Remarks VISUAL CK - PERIMETER BLDG INCLUDING FENCE LINE DURING HOUR (CC) made visual check every hour. Large hole in fence on Oswego st (H.D) EPT were here (H.D) MADE VISUAL CK. OF PERIMETER OF BLDG EVERY HR. (RK)																			
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																			
1. Were you injured during this tour?		Day Shift 1.		2.		3.		Swing Shift 1.		2.		3.		Grave Shift 1.		2.		3.	
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Did you suffer any illness?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Have you reported all accidents coming to your attention?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signatures		1. Mass Valente		2.		3.		1. Dick Kokoszki		2.		3.		1. Emilio R. Coates		2.		3.	
Signatures		2.		3.				2.		3.				2.		3.			
Signatures		3.						3.						3.					

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